

PLAINTIFF Mackenzie Elaine Brown	COURT CASE NUMBER 1:23-cv-270-MR-WCM
DEFENDANT Henderson County Sheriff's Office, et al,	TYPE OF PROCESS Summons and Complaint
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Henderson County Sheriff's Office ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 100 N. Grove St., Hendersonville, NC 28792	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Mackenzie Elaine Brown 158 Haven Rd. East Flat Rock, NC 28726	Number of process to be served with this Form 285 2 Number of parties to be served in this case 9 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):	

Signature of Attorney other Originator requesting service on behalf of:

/s/ Deputy SMM O/B/O

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

828-771-7219

DATE

9/18/2023

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy
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Costs shown on [attached USMS Cost Sheet](#) >>

REMARKS

PLAINTIFF Mackenzie Elaine Brown	COURT CASE NUMBER 1:23-cv-270-MR-WCM
DEFENDANT Henderson County Sheriff's Office, et al,	TYPE OF PROCESS Summons and Complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Robert Jordan Warren
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 2
Mackenzie Elaine Brown 158 Haven Rd. East Flat Rock, NC 28726	Number of parties to be served in this case 9
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Signature of Attorney other Originator requesting service on behalf of: /s/ Deputy SMM O/B/O	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 828-771-7219	DATE 9/18/2023
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Name and title of individual served (<i>if not shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (<i>complete only different than shown above</i>)	Signature of U.S. Marshal or Deputy	

Costs shown on [attached USMS Cost Sheet](#) >>

REMARKS

PLAINTIFF Mackenzie Elaine Brown	COURT CASE NUMBER 1:23-cv-270-MR-WCM
DEFENDANT Henderson County Sheriff's Office, et al,	TYPE OF PROCESS Summons and Complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Michael Scott Lindsay
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 2
Mackenzie Elaine Brown 158 Haven Rd. East Flat Rock, NC 28726	Number of parties to be served in this case 9
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Signature of Attorney other Originator requesting service on behalf of: /s/ Deputy SMM O/B/O	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 828-771-7219	DATE 9/18/2023
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Name and title of individual served (<i>if not shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (<i>complete only different than shown above</i>)	Signature of U.S. Marshal or Deputy	

Costs shown on [attached USMS Cost Sheet](#) >>

REMARKS

PLAINTIFF Mackenzie Elaine Brown	COURT CASE NUMBER 1:23-cv-270-MR-WCM
DEFENDANT Henderson County Sheriff's Office, et al,	TYPE OF PROCESS Summons and Complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Crystal D. Landers
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 2
Mackenzie Elaine Brown 158 Haven Rd. East Flat Rock, NC 28726	Number of parties to be served in this case 9
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Signature of Attorney other Originator requesting service on behalf of: /s/ Deputy SMM O/B/O	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 828-771-7219	DATE 9/18/2023
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Name and title of individual served (<i>if not shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (<i>complete only different than shown above</i>)	Signature of U.S. Marshal or Deputy	

Costs shown on [attached USMS Cost Sheet](#) >>

REMARKS

PLAINTIFF Mackenzie Elaine Brown	COURT CASE NUMBER 1:23-cv-270-MR-WCM
DEFENDANT Henderson County Sheriff's Office, et al,	TYPE OF PROCESS Summons and Complaint
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN John E. Duncan Jr. ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Mackenzie Elaine Brown 158 Haven Rd. East Flat Rock, NC 28726	Number of process to be served with this Form 285 2 Number of parties to be served in this case 9 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):	

Signature of Attorney other Originator requesting service on behalf of: /s/ Deputy SMM O/B/O	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 828-771-7219	DATE 9/18/2023
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I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on [attached USMS Cost Sheet](#) >>

REMARKS

PLAINTIFF Mackenzie Elaine Brown	COURT CASE NUMBER 1:23-cv-270-MR-WCM
DEFENDANT Henderson County Sheriff's Office, et al,	TYPE OF PROCESS Summons and Complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Bradley R. Reese
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 2
Mackenzie Elaine Brown 158 Haven Rd. East Flat Rock, NC 28726	Number of parties to be served in this case 9
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Signature of Attorney other Originator requesting service on behalf of: /s/ Deputy SMM O/B/O	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 828-771-7219	DATE 9/18/2023
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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
---	------	--

Address (<i>complete only different than shown above</i>)	Signature of U.S. Marshal or Deputy
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Costs shown on [attached USMS Cost Sheet](#) >>

REMARKS

PLAINTIFF Mackenzie Elaine Brown	COURT CASE NUMBER 1:23-cv-270-MR-WCM
DEFENDANT Henderson County Sheriff's Office, et al,	TYPE OF PROCESS Summons and Complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Brittany Nicole Maybin
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 2
Mackenzie Elaine Brown 158 Haven Rd. East Flat Rock, NC 28726	Number of parties to be served in this case 9
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Signature of Attorney other Originator requesting service on behalf of: /s/ Deputy SMM O/B/O	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 828-771-7219	DATE 9/18/2023
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Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Costs shown on [attached USMS Cost Sheet](#) >>

REMARKS

PLAINTIFF Mackenzie Elaine Brown		COURT CASE NUMBER 1:23-cv-270-MR-WCM
DEFENDANT Henderson County Sheriff's Office, et al,		TYPE OF PROCESS Summons and Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Susan N. Oates	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 2
Mackenzie Elaine Brown 158 Haven Rd. East Flat Rock, NC 28726		Number of parties to be served in this case 9
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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on [attached USMS Cost Sheet](#) >>

REMARKS

PLAINTIFF Mackenzie Elaine Brown	COURT CASE NUMBER 1:23-cv-270-MR-WCM
DEFENDANT Henderson County Sheriff's Office, et al,	TYPE OF PROCESS Summons and Complaint
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Emily Greene Cowan ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Mackenzie Elaine Brown 158 Haven Rd. East Flat Rock, NC 28726	Number of process to be served with this Form 285 2 Number of parties to be served in this case 9 Check for service on U.S.A.
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Signature of Attorney other Originator requesting service on behalf of: /s/ Deputy SMM O/B/O	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 828-771-7219	DATE 9/18/2023
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Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

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REMARKS